



City
of
Milwaukee

EMPLOYMENT APPLICATION
for
EMERGENCY VEHICLE
EQUIPMENT INSTALLER
(Milwaukee Police Department)

RETURN APPLICATION TO:
Dept. of Employee Relations
Room 706, City Hall
200 E. Wells St.
Milwaukee, WI 53202-3554
(414) 286-3751
TDD (414) 286-2960
www.milwaukee.gov/jobs

INSTRUCTIONS TO APPLICANT:

1. Please PRINT answers in black ink (for copying purposes).
2. Answer all questions. Credit may NOT be given for incomplete information.
3. DATE and SIGN on page 2.
4. Staple together all pages of your application.
5. Keep a copy of completed application materials for your files.

<p>Name _____ Last First M.I.</p> <p>Address _____ Apt. # _____</p> <p>_____ City State Zip Code</p> <p>Email: _____</p> <p>Day phone: () - _____ Evening phone: () - _____ Cell phone: () - _____</p>	<p>Do you currently live in the city of Milwaukee? <input type="checkbox"/> Yes. When did you become a resident? (month/year) _____ <input type="checkbox"/> No</p> <p>List any other names by which you have been known on official records: _____</p>				
<p>Due to limitations on employment of relatives, list the names and exact relationships of any relatives who are City of Milwaukee employees:</p>					
<p>List any licenses, registrations and/or certificates you possess, such as Driver's, Nursing or Professional Engineer, that are related to the job you are applying for:</p>					
<table style="width: 100%; border: none;"><tr><td style="border: none;">TYPE</td><td style="border: none;">NUMBER (if any)</td><td style="border: none;">TYPE</td><td style="border: none;">NUMBER (if any)</td></tr></table>		TYPE	NUMBER (if any)	TYPE	NUMBER (if any)
TYPE	NUMBER (if any)	TYPE	NUMBER (if any)		
<p>OPEN RECORDS/PUBLIC INFORMATION</p> <p>The City sometimes receives requests under the Wisconsin Public Records Law for the identity of job applicants and copies of the job applications. However, except for those applicants who are final candidates for positions, the City is prohibited from releasing the identity of applicants who have indicated in writing that they do not wish their identity to be revealed.</p> <p>If you do not wish us to reveal your identity, please check the following box: <input type="checkbox"/></p>					
<p>Are you legally authorized to work permanently for any employer within the United States? Yes <input type="checkbox"/> No <input type="checkbox"/></p>					
<p>There may be a possibility of employment with other organizations. If so, may we refer your name? Yes <input type="checkbox"/> No <input type="checkbox"/></p>					
<p>Give the titles and dates of all City examinations you have taken within the last six months (if none, print "NONE"):</p>					

If you are CURRENTLY ☐ or were PREVIOUSLY ☐ employed by the City of Milwaukee, list the following:

Position Title _____ Employee ID# _____

Department _____ From (month/yr) to (month/yr) _____

READ CAREFULLY BEFORE SIGNING -- I certify that all answers to questions on this application are true and complete. I understand that falsification of this application may result in disqualification or removal from a City position. I authorize the City to make any inquiries about and receive any information about my suitability for employment. I give permission to persons contacted to provide such information. Such inquiries may include, but are not limited to the quality and quantity of my work, work record, qualifications, education and criminal records as defined above. NOTE: Convictions are not an automatic bar to employment but are reviewed in relation to the job for which you applied. I forever waive, release and covenant not to sue any person or organization as a result of providing, obtaining or acting upon such information. I understand that such information is sought with confidentiality. A copy of this authorization shall be effective as the original.

SIGNATURE _____

DATE _____

EDUCATION AND TRAINING

Circle the highest grade or year completed in High School: 1 2 3 4 5 6 7 8 9 10 11 12

Did you graduate from High School? ☐ Yes ☐ No

If Yes, Name and Location of High School _____

Have you passed a high school equivalency or G.E.D. Test? ☐ Yes ☐ No

EDUCATION AND/OR TRAINING BEYOND HIGH SCHOOL

A. Do you hold an **Associate's Degree**? ☐ Yes ☐ No

Major: _____ Minor: _____

College or University: _____ Grad. Date: _____

Location: _____

B. Do you hold a **Bachelor's Degree**? ☐ Yes ☐ No

Major: _____ Minor: _____

College or University: _____ Grad. Date: _____

Location: _____

Additional coursework, training programs, professional seminars and certifications completed which may be relevant to this position.
Do not list courses required for above degrees.

Title	Sponsoring Organization/ Academic Institution	Dates Attended	Credits

II. PROFESSIONAL ACCOMPLISHMENTS OR ACTIVITIES

A. Do you currently hold any professional designations, certifications or licenses related to this position, such as FCC licenses?

Yes _____ No _____

If yes, give name of credential(s), date(s) and state(s) in which obtained: _____

B. Are you now or have you been a member of any professional organizations related to this position or other related fields? If yes, indicate:

NAME OF ORGANIZATION	LENGTH OF MEMBERSHIP	OFFICES HELD

If more space is needed please make additional copies of this page or attach additional sheets.

EMPLOYMENT HISTORY

Begin with current or most recent employment and work back. Treat each change of job title for the same organization as a separate entry. Account for all time during the past ten years, including periods of unemployment. In addition, list any other paid or unpaid work experience that may qualify you for this position. If more space is needed, please make additional copies of this page, or attach additional sheets.

Current or Last Employer

From: _____ To: _____
 month/year month/year

Address

Salary/Wage: \$ _____ per _____

Your Title

☐ Full time
☐ Part time Hours per week: _____

Supervisor's Name, Title and Phone Number

Reasons for leaving:

Describe your job responsibilities:

Employer

From: _____ To: _____
 month/year month/year

Address

Salary/Wage: \$ _____ per _____

Your Title

☐ Full time
☐ Part time Hours per week: _____

Supervisor's Name, Title and Phone Number

Reasons for leaving:

Describe your job responsibilities:

Employer	From:_____ To:_____ month/year month/year
Address	Salary/Wage: \$_____ per _____
Your Title	<input type="checkbox"/> Full time <input type="checkbox"/> Part time Hours per week:_____
Supervisor's Name, Title and Phone Number	Reasons for leaving:
Describe your job responsibilities: _____ _____ _____ _____ _____ _____ _____ _____	

Employer	From:_____ To:_____ month/year month/year
Address	Salary/Wage: \$_____ per _____
Your Title	<input type="checkbox"/> Full time <input type="checkbox"/> Part time Hours per week:_____
Supervisor's Name, Title and Phone Number	Reasons for leaving:
Describe your job responsibilities: _____ _____ _____ _____ _____ _____ _____ _____	

EMPLOYMENT HISTORY (continued...)

Employer	From: _____ To: _____ month/year month/year
Address	Salary/Wage: \$ _____ per _____
Your Title	<input type="checkbox"/> Full time <input type="checkbox"/> Part time Hours per week: _____
Supervisor's Name, Title and Phone Number	Reasons for leaving:
Describe your job responsibilities:	

IV. Instructions for Completing the Supplemental Questionnaire

Your answers to these questions are considered to be an important part of your application, just like your education and work history. Your responses will assist in determining whether you meet the minimum qualifications for this position and may be used by evaluators as part of a comparative evaluation process. Therefore, it is critical that you take time to completely and thoughtfully answer these questions to the best of your ability.

Your answers to these questions may be rated on the following:

- The level of knowledge, training, or experience you describe yourself as having for the subject matter covered by each question.
- How independently you are able to perform the job functions covered in the question.
- The relevance of examples you provide in illustrating your experience and knowledge of the subject matter covered by the questions.
- The clarity and organization with which your responses are communicated.

Questions that are not answered will be rated accordingly.

Describe your specific experience as it relates to each of the following questions. For each answer, please identify the source of the experience. **Be specific** as to the scope of your **duties**, the length of **time you performed these duties**, and the **employer(s)** for whom you were working. **Provide one or more examples of your work for each question.** Attach additional pages if more space is needed.

1. Describe your experience installing and servicing two way radio communications and other equipment associated with emergency response vehicles, including the type of equipment and vehicles, the employer, dates of service and total number of months worked full-time, and duties performed.

2. Describe your experience in modifying the interior of vehicles, including the types of modifications made, the type of vehicles, the employer, dates of service, total months worked.

3. Describe your experience in installing emergency response equipment in or on vehicles, including the type of equipment and the types of vehicles, the employer, dates of service and total number of months worked full-time, and duties performed.

4. Describe your experience in the design and manufacture of cable assemblies and sub-assemblies necessary for mobile vehicle installations.

5. Describe your experience with using technical equipment in diagnosing and resolving electrical equipment failure.

6. Describe the types of computer programs and software with which you are proficient and rate your level of ability as basic, medium or advanced.

- V. Describe any other education or experience which you think qualifies you for this position:

[illegible]

TESTING ACCOMMODATIONS

In accordance with State and Federal laws, the City of Milwaukee is committed to ensure non-discrimination in employment of qualified individuals with disabilities.

Under the Americans with Disabilities Act, an individual with a disability is defined as one who: has a physical or mental impairment that substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such impairment.

"Major life activities" means functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.

The following information will be treated confidentially and used only to provide testing accommodations. Requests for testing accommodations must be made prior to the test administration so that arrangements can be made.

Will you require any special accommodations during the examination process? _____ Yes _____ No

If yes, what kind of accommodations will you need? _____

SIGNATURE: _____ DATE: _____

The City of Milwaukee reserves the right to request medical documentation to support the need for this accommodation.

Provisions of test accommodations may be granted by the Department of Employee Relations only after review and evaluation on a case by case basis. Factors considered will include the nature of the examination and the knowledge, skills and abilities required for the job.

In accordance with the Immigration Reform and Control Act of 1986, the City will employ only persons legally authorized to work in the United States. Employment, if offered, is conditional upon the individual's ability to establish verification of identity and authorization to work within three business days of commencement of employment.

The City requires pre-employment drug testing.

THE CITY OF MILWAUKEE IS AN EQUAL OPPORTUNITY EMPLOYER THAT VALUES AND ENCOURAGES DIVERSITY.

MILITARY SERVICE

Qualified veterans who obtain passing scores on open competitive examinations may be entitled to have additional points added to their scores. Individuals entitled to veteran's preference points also include disabled veterans, spouses of certain disabled veterans or unremarried spouses of eligible veterans who were killed in action or died of a service-connected disability. Candidates must qualify under Wisconsin state statutes defining veterans for this purpose.

Wisconsin State Statute 230.16(7m)(a) defines a "veteran" as a person who fulfills at least one of the following requirements:

1. Served on active duty in the U.S. armed forces for at least 180 days, not including training.
2. Was discharged from the U.S. armed forces because of a disability incurred during active duty or because of a disability that is later adjudicated by the U.S. department of veterans affairs to have been incurred during active duty.
3. Was honorably discharged from the U.S. armed forces.
4. Is eligible to receive federal veterans benefits.

Documentation Required

If you are an eligible veteran, you must attach an undeleted copy of your DD-214. Undeleted means that the copy you submit must include the bottom portion that indicates the type of discharge you received. If you have not yet been released from active duty, you may present individual orders or a letter from your commanding officer attesting to honorable service and the dates thereof, instead of the DD-214. If you are the spouse of a disabled wartime veteran whose disability is at least 70%, or if you are the un-remarried spouse of a veteran who was killed in action or died of a service-connected disability, you may be eligible to claim preference points. In addition to the documentation described above, you must also provide documentation of your relationship to the veteran and of the veteran's compensable disability.

Do you claim veteran's preference points based on the criteria listed above? Yes _____ No _____

City of Milwaukee
Supplementary Applicant Information

No applicant for employment shall be discriminated against because of race, color, creed, religion, sex, genetic testing, sexual orientation, marital status, membership in the military reserves, national origin, ancestry, age, arrest or non-job-related conviction record, non-job-related physical or mental disability, or the use or nonuse of lawful products off the employer's premises during nonworking hours.

Completion of this form is voluntary. We ask, however, for your cooperation in completing the following information. It will be treated confidentially and used only to help us monitor the City's Affirmative Action efforts and to comply with Federal recordkeeping requirements.

Your birthdate: _____ (Must be provided and will be used for conviction verification)

NOTE: Convictions are not an automatic bar to employment but are reviewed in relation to the job for which you applied.

1. Name: _____

LAST	FIRST	MIDDLE
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2. Recruiting information: How did you **FIRST** hear about this job opening? (*please check only one*)

☐ A. Milwaukee Journal Sentinel

☐ B. Other Newspaper (please specify) _____

☐ C. City Hall Posting

☐ D. Library Posting

☐ E. Community Agency Posting (please specify) _____

☐ F. College or University Posting (please specify) _____

☐ G. From a City Employee

☐ H. From Someone who is NOT a City Employee

☐ I. Job Hotline Number (414-286-5555)

☐ J. Received Job Interest Postcard in mail

☐ K. Job Fair/Career Talk (please specify) _____

☐ L. TV (please specify station) _____

☐ M. Radio (please specify station) _____

☐ N. **www.milwaukee.gov/jobs**

☐ O. Other internet site (please specify) _____

☐ P. OTHER (please specify) _____

3. Sex (please check one): MALE _____ FEMALE _____

4. Race (please check one):

☐ Black/ African American (not of Hispanic origin)

☐ Hispanic/Chicano/Puerto Rican/Mexican/Cuban/Central or South American

☐ White/Caucasian/European/North African/Middle Eastern (not of Hispanic origin)

☐ Native American Indian/ Alaskan Native

☐ Asian American/Pacific Islander/Far Eastern/Indian subcontinent or Southeastern Asian (i.e., China, Japan, Korea, Philippine Islands, Samoa)

5. List any languages, other than English, which you speak **FLUENTLY**: _____

6. Certain Federal grant positions may require public housing development residency. Please complete the following you are currently living in a City of Milwaukee public housing development.

I live in the _____ Housing Development.

The above completed information is true to the best of my knowledge.

SIGNATURE _____ DATE _____